

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09932945

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	40
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application or Docket Number  
**9-15417-5US**

(Column 1)

(Column 2)

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	15 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ <u>355</u>
x \$ <u>    </u> =	0
x <u>40</u> =	40
+ <u>    </u> =	
TOTAL	395

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	0

\* If the difference in column 1 is less then zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	0

RATE	ADDITIONAL FEE
x \$_____ =	
x _____ =	
+ _____ =	
TOTAL ADDITIONAL FEE	0

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

ADDITIONAL FEE	
RATE	ADDITIONAL FEE
x \$_____ =	
x _____ =	
+ _____ =	
TOTAL ADDITIONAL FEE	0

RATE	ADDITIONAL FEE
x \$_____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	0

	(Column 1)	(Column 2)	(Column 3)		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
x \$_____ =	
x _____ =	
+ _____ =	
<b>TOTAL</b>	<b>0</b>

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
<b>TOTAL</b>	<b>0</b>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column I.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.